

District of Maryland

ABBELLA GROUP HEALTHTECH, LLC
d/b/a ABBELLA MEDICAL STAFFING

Plaintiff(s)

V.

QUALIVIS, LLC, et al.

Defendant(s)

Civil Action No. 1:24-cv-00331-JMC

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) QUALIVIS, LLC
5930 Cornerstone Court West, # 300
San Diego, California 92121

SERVE ON: CSC-Lawyers Incorporating Service Company
7 Saint Paul Street, Suite 820
Baltimore, Maryland 21202

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff’s attorney, whose name and address are:

John F. Dougherty, Bar No. 25369
 KRAMON & GRAHAM, P.A.
 One South Street, Suite 2600
 Baltimore, Maryland 21202
 Telephone: 410-752-6030
 Fax: 410-539-1269

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Date: 02/01/2024

Signature of Clerk or Deputy Clerk

Civil Action No. 1:24-cv-00331-JMC

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

District of Maryland

ABBELLA GROUP HEALTHTECH, LLC
d/b/a ABBELLA MEDICAL STAFFING

Plaintiff(s)

V.

QUALIVIS, LLC, et al.

Defendant(s)

Civil Action No. 1:24-cv-00331-JMC

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San Diego, California 92121

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Baltimore, Maryland 21202

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